

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO. _____		FILING DATE _____	
						APPLICANT(S) _____			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	X						51		
2	X						52		
3	X						53		
4	X						54		
5	X						55		
6	X						56		
7	X						57		
8	X						58		
9	X						59		
10	X						60		
11	X						61		
12	X						62		
13	X						63		
14	X						64		
15	X						65		
16	X						66		
17	X						67		
18	X						68		
19	X						69		
20	X						70		
21	X						71		
22	X						72		
23	X						73		
24	X						74		
25	X						75		
26	X						76		
27	X						77		
28	X						78		
29	X						79		
30	X						80		
31	X						81		
32	X						82		
33	X						83		
34	X						84		
35	X						85		
36	X						86		
37	X						87		
38	X						88		
39	X						89		
40	X						90		
41	X						91		
42	X						92		
43	X						93		
44	X						94		
45	X						95		
46	X						96		
47	X						97		
48	X						98		
49	X						99		
50	X						100		
TOTAL IND.	1		↓				TOTAL IND.		
TOTAL DEP.	1		↓				TOTAL DEP.		
TOTAL CLAIMS	1						TOTAL CLAIMS		
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									